In re Application of:

JOHN D. BARNARD, et al.

Application No.: 09/892,525

Filed: June 28, 2001

For: PRINT QUEUE MANAGER

Mail Stop RCE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

|  |                                      | C     | LAIMS AS AMEN                                | IDED                    |                  |                   |
|--|--------------------------------------|-------|--|-------------------------|------------------|-------------------|
|  | (2) CLAIMS REMAINING AFTER AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE             | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | * 104                                | MINUS | **   | = 0                     | x \$25<br>\$50   | - 0 -             |
| INDEP.<br>CLAIMS                               | *                                    | MINUS | ***  | = 0                     | x \$100<br>\$200 | - 0 -             |
| Fee for Multiple Dependent claims \$180°/\$360 |                                      |       |  |                         |                  |                   |
|  |                                      |       | TOTAL ADDITE                                 |                         |                  | - 0 -             |

Docket No. 02908.000003.

Examiner: K. Tang

Group Art Unit: 2151

Date: October 11, 2007

|     | if the entry in Column 2 is less than the entry in Column 4, write 0 in Column 5.                    |
|-----|--|
| **  | If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. |
|     | in the Tighest Number Tieviously Full for the Timb St ACE is less than 20, write 20 in this space.   |
| *** | If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.   |
|     | 5  |

| *** | If the "Highest Number P | reviously Paid For" IN THIS SPACE is less than 3, write "3" in this space. |
|-----|--------------------------|--|
|     | Verified Statement claim | ng small entity status is enclosed, if not filed previously.               |
|     | A check in the amount of | \$ is enclosed.  |
|     | Charge \$                | to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed |

| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
|---|---|
| X | A check in the amount of \$120.00 to cover the fee for a <u>one</u> month extension is enclosed.  |
|   | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.  |
| X | Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.  |
|   | Respectfully submitted,   |
|   |   |

Michael J. Guzniczak Attorney for Applicants Registration No.: 59,820

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200 Form #120

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